

<i>SERFF Tracking Number:</i>	<i>EMCC-125285781</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026037</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-06</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Adopt B-1397 Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Adopt B-1397 Amendment	SERFF Tr Num: EMCC-125285781	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026037
Sub-TOI: 16.0004 Standard WC	Co Tr Num: AR-WC-2007-06	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Stephanie McBride	Disposition Date: 09/11/2007
	Date Submitted: 09/10/2007	Disposition Status: Approved
Effective Date Requested (New): 07/01/2007		Effective Date (New): 09/11/2007
Effective Date Requested (Renewal): 07/01/2007		Effective Date (Renewal):

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/11/2007	
State Status Changed: 09/10/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
September 10, 2007	

Honorable Julie Benafield Bowman  
 Commissioner of Insurance  
 Arkansas Insurance Department  
 1200 West Third Street  
 Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415  
 EMCASCO INSURANCE COMPANY – 062-21407

*SERFF Tracking Number:*      *EMCC-125285781*      *State:*      *Arkansas*  
*First Filing Company:*      *EMCASCO Insurance Company, ...*      *State Tracking Number:*      *AR-PC-07-026037*  
*Company Tracking Number:*      *AR-WC-2007-06*  
*TOI:*      *16.0 Workers Compensation*      *Sub-TOI:*      *16.0004 Standard WC*  
*Product Name:*      *Adopt B-1397 Amendment*  
*Project Name/Number:*      */*

## **Workers Compensation**

**Adoption of NCCI Item Filing B-1397 Amendment**

**Company Filing #: AR-WC-2007-06**

**Effective Date: July 1, 2007**

The captioned companies are members of the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf.

With this filing, we are transmitting for filing our intention to adopt Item B-1397- Revisions to Basic Manual Classifications and Rules- Amendment.

We supplement this filing with the following:

Transmittal Document

Filing Fee in the amount of \$25.00 sent via EFT

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after July 1, 2007.  
Thank you.

Stephanie McBride  
Filings Analyst  
Rates and Filings Dept.  
800-247-2128 ext. 2684  
Stephanie.M.McBride@EMCIns.com

## **Company and Contact**

### **Filing Contact Information**

Stephanie McBride, Filings Analyst

Stephanie.M.McBride@EMCIns.com

SERFF Tracking Number: EMCC-125285781 State: Arkansas  
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026037  
Company Tracking Number: AR-WC-2007-06  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Adopt B-1397 Amendment  
Project Name/Number: /

PO Box 712 (515) 345-2684 [Phone]  
Des Moines, IA 50306-0712 (515) 345-2223[FAX]

**Filing Company Information**

EMCASCO Insurance Company CoCode: 21407 State of Domicile: Iowa  
717 Mulberry Street Group Code: 62 Company Type: P & C  
Des Moines, IA 50309 Group Name: State ID Number:  
(800) 247-2128 ext. [Phone] FEIN Number: 42-6070764

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Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa  
717 Mulberry Street Group Code: 62 Company Type: P & C  
Des Moines, IA 50309 Group Name: State ID Number:  
(800) 247-2128 ext. [Phone] FEIN Number: 42-0234980

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<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026037</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-06</i>		
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$25.00	09/10/2007	15509131
Employers Mutual Casualty Company	\$0.00	09/10/2007	

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	09/11/2007	09/11/2007

<i>SERFF Tracking Number:</i>	<i>EMCC-125285781</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 09/11/2007

Effective Date (New): 09/11/2007

Effective Date (Renewal):

Status: Approved

Comment: Please note for future workers' compensation filings, all workers' compensation filings are prior approval and have a 30 day waiting period after receipt of the filing by the Department that allows time for review and correspondence, if needed. While that waiting period may be waived by the Commissioner, the Insurance Department strongly encourages companies to make sure they make filings in a timely manner. While I am able to waive the remaining part of the 30 day period on this filing, I will not always be able to do that in the future.

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes

<i>SERFF Tracking Number:</i>	<i>EMCC-125285781</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number:	EMCC-125285781	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	AR-PC-07-026037
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Adopt B-1397 Amendment		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	09/10/2007

**Comments:**

**Attachment:**

P&C Transmittal- B-1397 Amend.pdf

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	09/10/2007
<b>Bypass Reason:</b>	N/A	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	09/10/2007
<b>Bypass Reason:</b>	N/A	
<b>Comments:</b>		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	EMC Insurance Companies	062

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Employers Mutual Casualty Company	IA	21415	42-0234980
	EMCASCO Insurance Company	IA	21407	42-6070764

<b>5.</b>	<b>Company Tracking Number</b>	AR-WC-2007-06
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Stephanie McBride P.O. Box 712	Filings Analyst	800-247-2128 Ext. 2684	515-345-2223	Stephanie.M.McBride @EMCIns.com
	Des Moines IA 50306				

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Stephanie McBride

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	Type of Insurance (TOI)	16.0000
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	16.0004
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	<b>Workers Compensation</b>
<b>13.</b>	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	Effective Date(s) Requested	New: 7/1/07      Renewal: 7/1/07

**Property & Casualty Transmittal Document---**

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	
18.	Company's Date of Filing	9/10/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-WC-2007-06
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The captioned companies are members of the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf.

With this filing, we are transmitting for filing our intention to adopt Item B-1397- Revisions to Basic Manual Classifications and Rules- Amendment.

We supplement this filing with the following:  
Transmittal Document  
Filing Fee in the amount of \$25.00 sent via EFT

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after July 1, 2007. Thank you.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> EFT <b>Amount:</b> 25.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)